



PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required))	Attorney Docket Number	NORTH-444A/A-2341
	First Named Inventor	Raymond F. Ayala
	COMPLETE IF KNOWN	
	Application Number	09/892,596
	Filing Date	06/27/01
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR A KEY TO SELECTIVELY ALLOW ACCESS TO AN ENCLOSURE

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY) 06/27/01 as United States Application Number or PCT International Application Number 09/892,596 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/096,251	08/12/98	

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† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/372,525	08/11/99	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 007663 → *Place Customer No. Bar Code Label Here*
AND

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Terry J. Anderson	24,271	Bruce B. Brunda	28,497
Karl J. Hoch, Jr.	34,181	Marlene Klein	43,718
Gerald L. Lett	24,509		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.

Direct all correspondence to: ☒ Customer Number 007663 OR ☐ Correspondence Address Below
or Bar Code Label 007663

Name	Attention: Bruce B. Brunda				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Raymond F.		Ayala			
Inventor's Signature				Date	9/6/01
Residence: City	San Diego	State	CA	Country	U.S.A.
Post Office Address					
Post Office Address	11106 Pegasus Avenue				
City	San Diego	State	CA	ZIP	92126
				Country	U.S.A.

x Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 23

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Philip J.				Finlay			
Inventor's Signature		Philip J Finlay			9/6/01		Date
Residence: City		Chula Vista		State	CA	Country	U.S.A.
Post Office Address				Citizenship		U.S.	
Post Office Address		1711 Harvard Street					
City		Chula Vista		State	CA	ZIP	91913
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Steven				Shannon			
Inventor's Signature		Steven Shannon			9/6/2001		Date
Residence: City		San Diego		State	CA	Country	U.S.A.
Post Office Address				Citizenship		U.S.	
Post Office Address		2353 Albatross Street, Apt. 303					
City		San Diego		State	CA	ZIP	92101
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Matthew D.				Steindl			
Inventor's Signature							Date
Residence: City		Raleigh		State	NC	Country	U.S.A.
Post Office Address				Citizenship		U.S.	
Post Office Address		9516 Berryville Court					
City		Raleigh		State	NC	ZIP	27617
				Country		U.S.A.	

Burden Hour Statement: This form is optional.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**



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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 23

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Philip J.

Finlay

Inventor's
Signature

Date

Residence: City

Chula Vista

State

CA

Country

U.S.A.

Citizenship

U.S.

Post Office Address

Post Office Address

1711 Harvard Street

City

Chula Vista

State

CA

ZIP

91913

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Steven

Shannon

Inventor's
Signature

Date

Residence: City

San Diego

State

CA

Country

U.S.A.

Citizenship

U.S.

Post Office Address

Post Office Address

2353 Albatross Street, Apt. 303

City

San Diego

State

CA

ZIP

92101

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Matthew D.

Steindl

Inventor's
Signature

Date

Residence: City

Raleigh

State

NC

Country

U.S.A.

Citizenship

U.S.

Post Office Address

Post Office Address

9516 Berryville Court

City

Raleigh

State

NC

ZIP

27617

Country

U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 23 of 23

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Woodrow C.				Stillwagon			
Inventor's Signature		<i>Woodrow C. Stillwagon</i>		Date		9/10/01	
Residence: City		Atlanta		State		GA	
		Country		U.S.A.		Citizenship	
Post Office Address							
Post Office Address		7610 Ball Mill Road					
City		Atlanta		State		GA	
		ZIP		30350		Country	
						U.S.A.	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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